U.S. Department of Labor Office of Labor Management Ctandards Washington, DC 20210

## FORM LM-30 LABÖR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.  Name MTCRARI  Name MTCRARI  Name MTCRARI  NAME MTCRARI  P.O. Box, Bidg, Room No., if any MAGNER  P.O. Box, Bidg, Room No., if any MAGNER  P.O. Box, Bidging and Room Number, if any EO BOX, 3051.6  Street 1001 CSNERAL AVE  Street 1001	1. File Number U - 5610	2. Fiscal Year Covered From:	
Name   MICHAEL   MAGNER.   Labor Organization File Number		1 / 1 / 2005 Through: 12 / 31 / 2005	
Labor Organization File Number  P.O. Box, Bidg., Room No., if any P.O. Box. 1961.6  Street 1001. CBNTRAID. AVE  City BTLLINGS  State Montana ZIP Code +4 55-01. State Montana ZIP Code +4 59107  5. Position in labor organization.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including leans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeling to represent.  6. Name and accress of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Tab. Amount.  7.b. Amount.  7.b. Amount.  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned; spowledge and belieft, time, copress, and complete. (See the section on penalties in the instructions):	3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
P.O. Box, Bldg., Room No., if any  P.O. Box, Bldg., Room No., if any  P.O. Box, Building and Room Number, if any PO BOX 30616  Street 1001 CENTRAL AVB  City BTILLINGS  State Montana ZIP Code + 4 59201 State Montana ZIP Code + 4 59107  5. Position in labor organization.  Einter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  3. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned spowdedge and belief, true, copret, and complete. (See the exception or penalties in the instruction in the instr	Name MICHAEL WAGNER	Name LOCAL 30	
Street 1001 CENTRAL AVE  City BILLINGS  State Montana ZIP Code +4 59101 State Montana ZIP Code +4 59107  5. Position in labor organization.  Einter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and autcress of Employer (including trade name, if any).  Name 7. A. Nature of interest, Transaction, or income.  7. B. Auture of interest, Transaction, or income.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned a belief, rue, cycrect, and complete. (See the section or penalties in the instructions in the instructions in the instructions in the instructions in the instructions.	•	Labor Organization File Number	
City BILLINGS  State Montana ZIP Code + 4 591.01 State Montana ZIP Code + 4 591.07  5. Position in labor organization.  Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and accress of Employer (including trade name, if any).  Name  Trade Name, if any:  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this perof (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned by provided and belief, true, corpect, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any PO BOX 30616	
State Montana ZIP Code + 4   59203.   State Montana ZIP Code + 4   59107    5. Position in labor organization.    Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name	Street 1001 CENTRAL AVE	Street	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and accress of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perijury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's providedge and belief, frue, correct, and complete. (See the section on penalties in the instructions.)	City BILLINGS	City BILLINGS	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and accress of Employer (including trade name, if any).  7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.  7. b. Amount.  8. Street  8. Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the Information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned sprowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	State Montana ZIP Code + 4 59101		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's prowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	5. Position in labor organization.		
monetary value from an employer whose employees your organization represents or is actively seeking to represent.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name and address of Employer (including trade name, if any).  7.a. Nature of Interest, Transaction, or Income.		
P.O. Box, Bldg., Room No., if any  7.b. Amount.  Street  Signature  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Name x-		
Street  Street  ZIP Code + 4  Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Trade Name, if any:		
Street  City  State  ZIP Code + 4  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	P.O. Box, Bldg., Room No., if any	7 h Amount	
Signature  Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Street 399	r.s. runound.	
Signature  15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	City		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	State ZIP Code + 4		
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	Sign	ature	
Signed Mullar Wellin on 2-22-06 406-259-5265			

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name PIPE TRADES TRUST			
Trade Name, if any:	a. Labor Organization    b. Trust		
P.O. Box, Bldg., Room No., if any PO BOX 1889	c. Employer		
Street	c. Employer		
City GREAT FALLS			
State Montana ZIP Code + 4 59403			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name PIPE TRADES TRUST	TRUSTEE'S MEETING HELD IN GREAT FA JANUARY, JUNE AND SEPTEMBER 2005	ALES, MONTANA	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any PO BOX 1889			
Street	11.b. Approximate dollar value of such dealing.		
City GREAT FALLS	12.a. Nature of interest held or income received.		
State Montana ZIP Code + 4 59403	REIMBURSEMENT OF EXPENSES INCURRED	FOR FOOD, TRAVEL	
	12.b. Amount.	\$990	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

File Number U-

Name of Person Filing MICHAEL WAGNER